

## PART B—ISSUE FEE TRANSMITTAL

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AUG 17 2000

HOVEY, WILLIAMS, TIMMONS &amp; COLLINS

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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KANSAS CITY MO 64108

MM91/0814

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Sharon G. McIsaac (Depositor's name)

Sharon G. McIsaac (Signature)

August 31, 2000 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/188,734	11/09/98	036	LE, T	2876 08/14/00
First Named Applicant: COUGHLIN, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION  
MEDICAMENT DISPENSING STATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2-26902	235-383.000	075	UTILITY	NO	\$1210.00	11/14/00

Adjustment date: 10/04/2001 AMISE1 000000021 09188734  
09/07/2000 HUVONG2 000000021 09188734  
01 FC:142 -1210.00 DP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

HOVEY, WILLIAMS,  
1. TIMMONS & COLLINS

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO and is being submitted under separate cover. Completion of this form is NOT a substitute for an assignment.

FC: 74 NAME OF ASSIGNEE ISORAPRO LLC

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Mission, Kansas

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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